

Physician Web Scheduler (PWS) Approved Procedures

Bone Densitometry (1)
BONE DENSITY (DEXA SCAN)

NOTES & PREPS

MUNSON HEALTHCARE

Procedure: BONE DENSITY (DEXA SCAN)

Notes

The following diagnoses are not considered to be medically necessary: osteoarthritis, rheumatoid arthritis, fracture of limbs, screening, pain or vitamin deficiency. If using 'long term med use' please specify 'high risk' or 'steroid'. A complete list of diagnoses that do pass for medical necessity can be obtained by contacting your local MHC facility registration management team.

MAXIMUM PATIENT WEIGHT FOR TABLE PER LOCATION:

KMHC - 300 lbs.
MERCY CADILLAC - 300 lbs.
MERCY GRAYLING - 300 lbs.
POMH - 300 lbs.
SMITH FAMILY BREAST HEALTH CENTER - 350 lbs.
SUTTONS BAY - 300 lbs.

IF PATIENT WEIGHS OVER TABLE LIMIT, PUT IN MODIFIER "FOREARM ONLY".

ANY PATIENT 20 YEARS AND UNDER SHOULD BE SCHEDULED AT SMITH FAMILY BREAST HEALTH CENTER ONLY.

THIS IS THE ONLY MACHINE WITHIN MHC/MERCY THAT HAS THE PEDIATRIC SOFTWARE. (VERY IMPORTANT)

ALWAYS TRY TO SCHEDULE THE PATIENT ON THE SAME MACHINE AND LOCATION THAT THE PREVIOUS BONE DENSITY WAS DONE.

IMPORTANT

MOST INSURANCES ONLY COVER ONE EVERY 2 YEARS, UNLESS ONE OF FOUR MEDICALLY NECESSARY CONDITIONS EXIST (LISTED ON QUESTIONNAIRE).

Default Preparations

If possible, patient should wear clothing with NO buttons, snaps or zippers; clothing should be loose fitting.

If patient takes a calcium tablet daily, they should not take it on the day of the exam.

Patient needs to bring doctors orders and report 15 minutes before appointment time.

Physician Web Scheduler Questionnaires

Questionnaire - BONE DENSITY	
Patient Weight:	<input type="text"/>
-IF PATIENT WEIGHS 265 TO 350 LBS, PUT "FOREARM ONLY" IN MODIFIER. ***If previous BD, try to schedule BD to same facility as before.***	
Has the patient had a previous Bone Density?	<input type="checkbox"/>
If yes, what was the date and place?	<input type="text"/>
***MOST INSURANCES ONLY COVER ONE EVERY 2 YEARS, UNLESS the patient meets one of the 4 medically necessary conditions below:	
1. Patient on LONG-TERM STEROID THERAPY.	
2. Follow up BONE MINERAL DENSITY TESTING after discontinuation of therapy.	
3. Men with PROSTATE CANCER UNDERGOING HORMONAL MANIPULATION.	
4. Patient on FDA-APPROVED OSTEOPOROSIS DRUG THERAPY which are listed below: alendronate (Fosamax), risedronate (Actonel), calcitonin (Calcimar, Miacalcin, Cibacalcin), raloxifene (Evista), iludronate (Skelid), etidronate (Didronel), zoledronate (Zometa), pamidronate (Aredia), parathyroid hormone (Forteo), ibandronate (Boniva).	
Is there any chance the patient will ingest or be injected with any of the following within 7 days prior to this exam?	<input type="checkbox"/>
Gallium Scan 67,Thallium, I 131 Therapy, Indium, Radiation Implants Cat Scan Gastro, Barium Studies	
If yes, be sure to schedule 7 days after intake or injection of above	
Is the Patient pregnant?	<input type="checkbox"/> ***If yes, DO NOT SCHEDULE.***
DOES THE PATIENT TAKE A CALCIUM TABLET DAILY?	<input type="checkbox"/>
*IF YES, THEY SHOULD NOT TAKE A CALCIUM TABLET ON THE DAY OF THE EXAM.	
Has the patient been informed to NOT take calcium on exam date?	<input type="checkbox"/>
Special Needs? (ie. wheelchair)	<input type="text"/>
Comment 1:	<input type="text"/>
Comment 2:	<input type="text"/>